

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

2003 OCT 27 P 12:55

CHIEF CLERK'S OFFICE

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

For Commission Use Only:

Case:

03-6666

ORIGINAL

Regarding a complaint by (Person making the complaint):

Commonwealth Edison

Against (Utility name):

ComEd

As to (Reason for complaint)

I am being charged for electricity I
did not use @ a temporary residence in
winter of 02/03.

in Wood Dale Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

60 Kurgery Str #203 Linden Ave

The service address that I am complaining about is

315 N Addison Wood Dale IL

My home telephone is

(630) 887 1513

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

(630) 887 1513

(Full name of utility company)

Commonwealth Edison

to the provisions of the Illinois Public Utilities Act.

(respondent) is a public utility and is subject

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

the house @ 315 N Addison was small & had
ALL new appliances yet my bill for electric
for less than 3 mos. of service is over \$800.00
It is impossible that this bill is correct.
ComEd did not do a meter test.

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☐ Yes ☒ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

I am being charged over \$800 for electric service @ 315 W. Addison in Wood Dale. I do not owe this amount. the small house had all new appliances and I lived there under 3 months. Common Sense tells us that \$800⁰⁰ is impossibly high.

Please clearly state what you want the Commission to do in this case:

Have ComEd correct my bill to a correct & reasonable amount on a reasonable payment plan.

Date: 10 5 03
(Month, day, year)

Complainant's Signature

A. Hessel

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

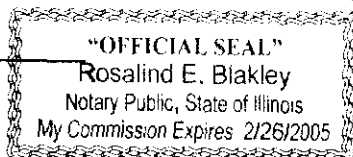
I, Anna Hessel, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature)

A. Hessel

Subscribed and sworn/affirmed to before me on (month, day, year) October 22, 2003.

Rosalind E. Blakley
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.